



Prior Foreign Application(s) Priority Claimed

_____	_____	_____	[ ]	[ ]
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	[ ]	[ ]

I hereby claim priority benefits under Title 35, United States Code, 119, of any United States application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the date of the application on which priority is claimed:

Prior U.S. (Provisional) Application: Priority Claimed

<u>60/545,369</u>	<u>02/18/2004</u>	[ X ]	[ ]
(Number)	(Filing Date)	Yes	No
<u>60/489,135</u>	<u>07/22/2003</u>	[ X ]	[ ]
(Number)	(Filing Date)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Appln Serial No.)	(Filing Date)	(Status)
(patented, pending, aban.)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

BEST AVAILABLE COPY

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys/patent agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:



32095

PATENT TRADEMARK OFFICE

Direct telephone calls and send correspondence to:

CHARLES E. WANDS, ESQUIRE  
Reg. No. 25,649

Telephone: (321) 725-4760

Full name of (FIRST) inventor: Eric Magne SOLIE

Inventor's

Signature:

Eric Magne Solie

Date: 4/19/2004

Residence: 219 Northcliff Drive  
Durham, NC 27712

Citizenship: Citizen of United States of America

Post Office Address: 219 Northcliff Drive  
Durham, NC 27712

Full name of (SECOND) inventor: **Michael Edwin SCHNEIDER**  
(Deceased)

Residence: 9517 Aire Libre Drive  
Austin, TX 78726

Citizenship: Citizen of United States of America

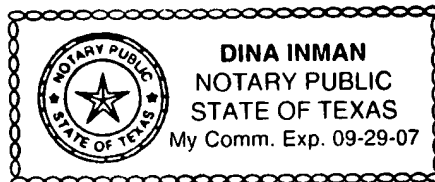
Post Office Address: 9517 Aire Libre Drive  
Austin, TX 78726

By: Susan Montgomery Schneider Date: 4-7-04  
Susan Montgomery SCHNEIDER  
Legal Representative of Deceased Inventor  
9517 Aire Libre Drive  
Austin, TX 78726

State of Texas :  
: ss.  
County of Travis :

On this 7<sup>th</sup> day of April, 2004,  
before me personally appeared, **Susan Montgomery SCHNEIDER**, the  
above-named LEGAL REPRESENTATIVE OF DECEASED INVENTOR, **Michael**  
**Edwin SCHNEIDER**, to me personally known/provided identification  
(Susan Montgomery) as the individual who executed the  
foregoing declaration, and who acknowledged to me that she  
executed the same of her own free will for the purposes therein  
set forth.

S E A L



Dina Inman  
Notary Public  
My commission expires:

LETTERS TESTAMENTARY

ESTATE OF  
MICHAEL EDWIN SCHNEIDER AKA  
MICHAEL E. SCHNEIDER  
DECEASED

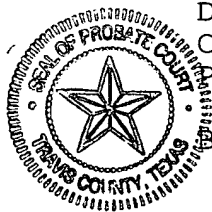
\* CAUSE NUMBER 80606  
\* IN PROBATE COURT  
\* NUMBER ONE  
\* TRAVIS COUNTY, TEXAS

THE STATE OF TEXAS \*

COUNTY OF TRAVIS \*

I, the undersigned Clerk of the Probate Court No. 1 of Travis County Texas, do hereby certify that on the 18th day of FEBRUARY, 2004, SUSAN MONTGOMERY SCHNEIDER WAS \_\_\_\_\_ duly granted by said Court, Letters Testamentary of the Estate of MICHAEL EDWIN SCHNEIDER AKA MICHAEL E SCHNEIDER Deceased, and that SHE qualified as INDEPENDENT EXECUTOR WITHOUT BOND of said estate on the 18th day of FEBRUARY, 2004, as the law requires, said appointment is still in full force and effect.

Given under my hand and seal of office at Austin, Texas, on this 18th day of February, 2004.



DANA DEBEAUVOIR  
County Clerk, Travis County, Texas  
P.O. Box 1748, Austin, Texas 78767

By Deputy: \_\_\_\_\_

Alan Serrano

ORIGINAL COPY

80606-003

CERTIFICATION OF VITAL RECORD

# CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME OF DECEASED (a) FIRST <b>MICHAEL</b>		(b) MIDDLE <b>EDWIN</b>		(c) LAST <b>SCHNEIDER</b>		(d) MAIDEN	2 SEX <b>Male</b>	3 DATE OF DEATH <b>January 15, 2004</b>
4 DATE OF BIRTH <b>September 9, 1953</b>		5 AGE (IN YEARS) <b>50</b>	6 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>Georgetown, Texas</b>		7 SOCIAL SECURITY NO. <b>450-92-7471</b>			
8 RACE <b>Caucasian</b>		9a WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10 WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) <b>17+</b>
12 MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		13 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Susan Montgomery</b>		14a DECEASED'S USUAL OCCUPATION <b>Engineer</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Semiconductor</b>		
15a RESIDENCE STREET ADDRESS <b>9517 Aire Libre Drive</b>				15b CITY OR TOWN <b>Austin</b>		15c COUNTY <b>Travis</b>		
15d STATE <b>Texas</b>		15e ZIP CODE <b>78726</b>		15f INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16 FATHER'S NAME <b>Edwin George Schneider</b>		
16 MOTHER'S MAIDEN NAME <b>Ann Polvado</b>		17 PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> OTHER (SPECIFY) <b>Hospice</b>						
19 COUNTY OF DEATH <b>Travis</b>		20 CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) <b>Austin</b>		21 NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) <b>Hospice Austin's Christopher House</b>				
22 INFORMANT - SIGNATURE & RELATIONSHIP <b>Susan Schneider, wife</b>				23 MAILING ADDRESS OF INFORMANT <b>9517 Aire Libre Drive, Austin, TX 78726</b>				
24 METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) <b>Cook-Walden/Capital Parks</b>		25b LOCATION (CITY, STATE) <b>Pflugerville, Texas</b>		29 NAME & ADDRESS OF FUNERAL HOME <b>Cook-Walden/Chapel of the Hills Funeral Home 9700 Anderson Mill Road Austin, Texas 78750</b>		
27 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Brandy B. Monttor, #11675</b>		28 DATE OF DISPOSITION <b>January 21, 2004</b>		30 CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE				
31 SIGNATURE & TITLE OF CERTIFIER <b>Robert O. Kerr, M.D.</b>		32 DATE SIGNED <b>01 19 2004</b>		33 TIME OF DEATH <b>2:35 P.</b>		34 PRINTED NAME & ADDRESS OF CERTIFIER <b>Robert O. Kerr, M.D. 711 West 38th Street, Suite B-1, Austin, Texas 78705</b>		
35 PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Metastatic Non Small Cell Lung Cancer</b>		36a AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
37 DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38 DID ALCOHOL USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39 WAS DECEASED PREGNANT? AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
40 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a DATE OF INJURY		41b TIME OF INJURY		41c INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
41d LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41e DESCRIBE HOW INJURY OCCURRED						
42a REGISTRAR FILE NO. <b>02-00138</b>		42b DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 20 2004</b>		42c SIGNATURE OF LOCAL REGISTRAR <b>Raguel Moreno</b>				

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195.1889)

JAN 21 2004  
VS-112 REV. 9/95

S246771

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

JAN 21 2004

Raguel Moreno  
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE